

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

(This return should preferably be made by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. _____

Place of Birth (Registration District)

Snowflake County *Navajo*

No. _____ St. _____

SEX OF CHILD* *Male* Twin Triplet or other? ☐ and ☐ Number in order of birth

DATE OF BIRTH* *July 30, 1935* (Month) (Day) (Year)

FULL NAME *Roy Tenney Bryant* FATHER

FULL MAIDEN NAME *Ada Ramsey* MOTHER *Ramsey*

*These items to be entered by the local registrar before giving out this form.

I HEREBY CERTIFY that the child described herein has been named

George Charles Bryant (Give name in full) (Surname)

Ada Bryant (Parent's Signature)

Phoebe B Bushman (Signature of Physician or Midwife)

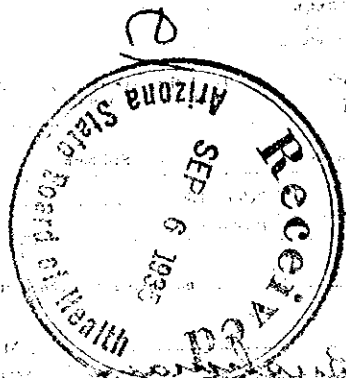
Blanche Baker

Blank supplemental reports of birth may be obtained from the local registrar.

10M 10-1-43-S.P.Co.

Local Registrar.

723-730-198



5931/2-14-86

5-4927-1-18-5-1

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